

01  
JUN 24 2008  
U.S. PATENT & TRADEMARK OFFICE

PTO/SB/30 (11-07)  
Approved for use through 11/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request  
For  
Continued Examination (RCE)  
Transmittal

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

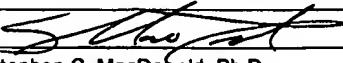
Application Number	10/750,622
Filing Date	December 31, 2003
First Named Inventor	Sue K. DeNise
Art Unit	1637
Examiner Name	David C. Thomas
Attorney Docket Number	MMI-0102 (14972.105004)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Submission required under 37 C.F.R. 1.114	Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a.	<input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</li> <li>ii. <input type="checkbox"/> Other _____</li> </ul>		
b.	<input checked="" type="checkbox"/> Enclosed <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> Amendment/Reply</li> <li>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</li> <li>iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)</li> <li>iv. <input type="checkbox"/> Other _____</li> </ul>		
2.	Miscellaneous		
a.	<input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(l) required)		
b.	<input checked="" type="checkbox"/> Other Petition under 37 C.F.R. 1.313(c)(2) to withdraw application from <u>Is Pending Ref: 07/750/2008 0030057907</u>		
3.	<input checked="" type="checkbox"/> Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.		
a.	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to <u>Deposit Account No. 11-0980</u> . I have enclosed a duplicate copy of this sheet.		
b.	<input type="checkbox"/> Check in the amount of \$ _____ enclosed		
c.	<input checked="" type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)		

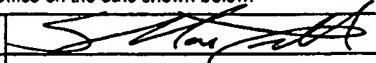
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	June 24, 2008
Name (Print /Type)	Stephen C. MacDohald, Ph.D.	Registration No.	60,401

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature		Mail/Transmit Date: <u>07/25/2008</u> CKHLUK <u>07/25/2008 SLUANG1 00000006 10750622</u>
Name (Print /Type)	Stephen C. MacDonald, Ph.D.	Date <u>07/25/2008</u> -405.00 OP

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

06/25/2008 SLUANG1 00000006 10750622

02 FC:2801

405.00 OP

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	06/27/08	2 Serial/Patent #	10/750,622
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
X Other	RCEX	06/24/08	\$ 405.00
		7 TOTAL AMOUNT OF REFUND	\$ 405.00
8 TO BE REFUNDED BY:			
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Card	
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Card	
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		April M. Wise	
SIGNATURE:		/APRILMWISE/	
OFFICE:		Office of Petitions	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE: 7/2/08	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

## **Office of Finance**

## **Refund Branch**

## Crystal Park One, Room 802B